

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	MARANAS, COSTAS D., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05413US4

I hereby appoint:

Practitioners at Customer Number

27407

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

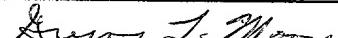
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	GREGORY MOORE
------	---------------

Signature	
-----------	---

Date	11/3/01
------	---------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	MARANAS, COSTAS D., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05413US4

I hereby appoint:

 Practitioners at Customer Number

27407

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name COSTAS D. MARANAS

Signature

Date

11/3/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 2 forms are submitted.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- The attached application, or
- Application No. _____, filed on _____,
- as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Costas D. Maranas Date: _____

Signature: _____ Citizen of: _____

Inventor two: Gregory Moore Date: _____

Signature: _____ Citizen of: _____

Inventor three: _____ Date: _____

Signature: _____ Citizen of: _____

Inventor four: _____ Date: _____

Signature: _____ Citizen of: _____

Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement. This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ATTORNEY DOCKET: P05413US4

PATENT
Attorney Docket No. P05413US4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: **MARANAS, COSTAS D., et al.**
FILED: November 9, 2001
TITLE: A MODELING FRAMEWORK FOR PREDICTING THE NUMBER, TYPE
AND DISTRIBUTION OF CROSSOVERS IN DIRECTED EVOLUTION
EXPERIMENTS

APPOINTMENT OF ASSOCIATE ATTORNEY

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

I hereby appoint as associate attorney for the above-entitled application Pamela A. Ruest,
Registration No. 40,795, McQuaide Blasko, 811 University Drive, State College, PA 16801,
Telephone 814-238-4926; Facsimile 814-234-5620.

Respectfully submitted,

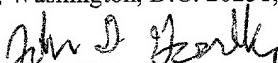


JOHN D. GOODHUE, Reg. No. 40,603
ZARLEY, MCKEE, THOMTE, VOORHEES
& SEASE
801 Grand Avenue, Suite 3200
Des Moines, Iowa 50309-2721
Phone No. (515) 288-3667
Fax No. (515) 288-1338
CUSTOMER NO: 27407
Attorneys of Record

-bja -

CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that this document and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service in an envelope as "Express Mail Post Office to Addressee" addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231, prior to 5:00 p.m. on the 9th day of November, 2001.



John D. Goodhue
Express Mail Label # EL 911005175 US